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MEMORANDUM FOR: C/MS

8 May 1953

FROM : C/PCD

SUBJECT : Career Planning for Physicians

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1. PROBLEM

To provide a practical plan of career management for physicians in the Medical Office in order to maintain a highly competent selected group of physicians on career basis.

2. FACTS BEARING ON THE CASE

a. We have been led to believe that the present Agency and Medical Office structures are essentially stable. We can then assume that we can plan on present mission, structure and function.

b. The Medical Office is at the present time filling, or will fill, approximately [REDACTED] positions overseas. The headquarters staff is at present filled [REDACTED]

c. The Armed Services and other Government agencies, where function requires the services of physicians, have adopted training programs for physicians as inducements to enter the respective services in order to develop a career cadre.

(1) For attendance at such training programs, the Armed Services and the Government agencies, such as USPHS, require one year of compulsory service for each year of specialized medical training provided.

(2) During the period of training, the physicians in these programs are paid their full pay with accompanying allowances when indicated.

(3) The training programs are preponderantly at Government installations; however, there are programs sponsored by the respective agencies and services at civilian institutions.

(4) It should be noted that the average pay and allowances of a medical officer in the Armed Services of equivalent age and experience to CIA physicians would be more than present pay scale of CIA. The majority of Medical Office physicians would enjoy the military rank of Army captain or full lieutenant in the Navy. The net pay per pay period is \$50 to \$60 more than that provided for CIA physicians. The supposed increased compensation to CIA physicians is in fact nonexistent, and is not valid reason for objecting to external training for such physicians.

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d. The Office of Training is at the present time sponsoring two-year area and language training programs during which time the trainee is at full pay.

3. DISCUSSION

a. Number of Careerists Indicated

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It is felt that because of the limited number of possibilities for advancement within the Medical Office, any greater number of careerists would probably result in more problems than value. It is further felt that this number may be even further reduced if PCD is absorbed by some other Division of the Medical Office.

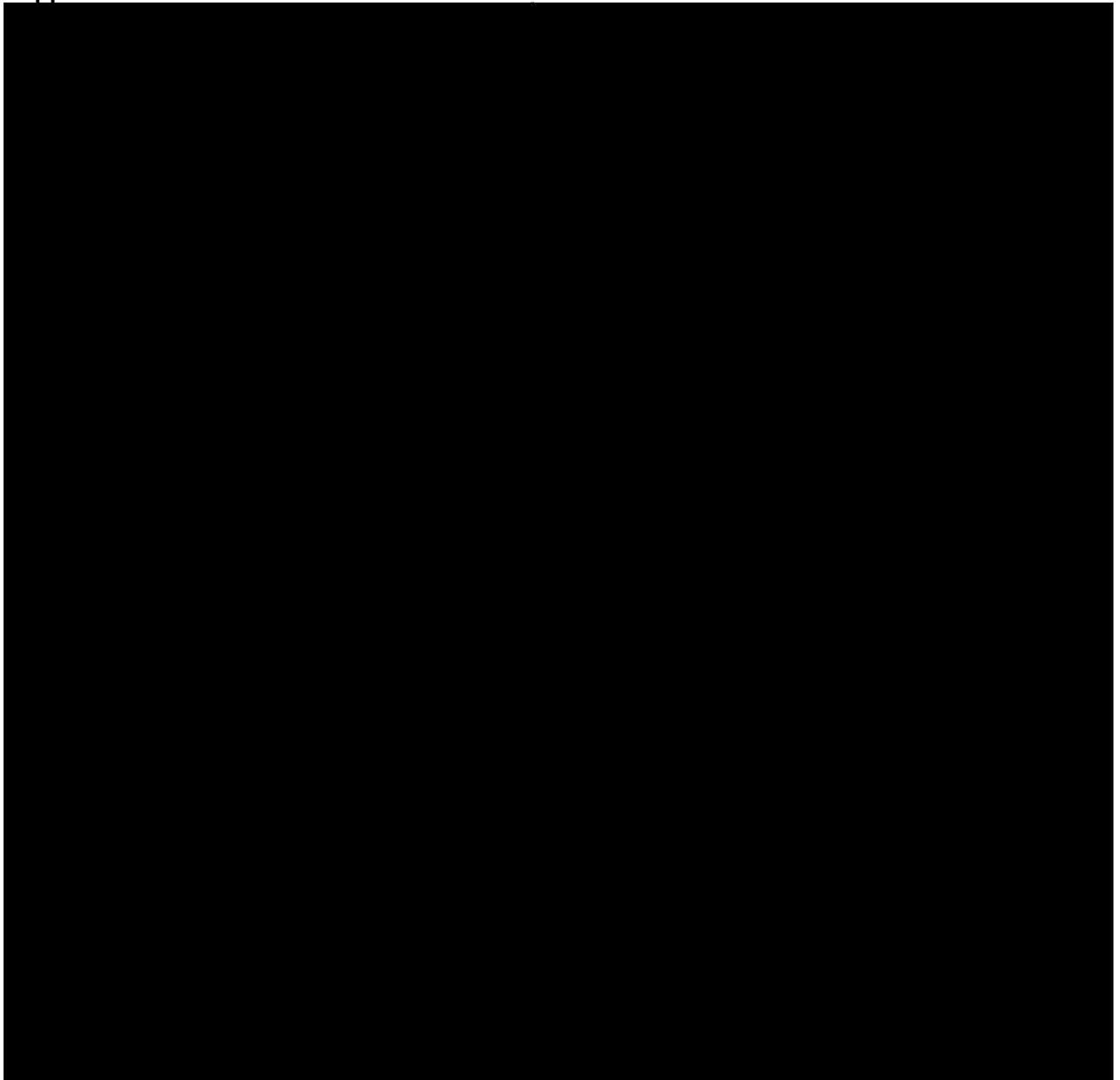
b. Types of Functions in Medical Office

In reviewing the total function of the Medical Office, it became apparent that there were three categories for career application. These three categories are medical administration, medical practitioners and psychiatrists. ADS's recent report would indicate a requirement for one (1) surgeon, but this one requirement is not considered reason enough to include it as a category for career planning.

c. Function Related to Career Training

Considering the functional categories, there are three fields in which training can be provided and at the same time be justified by the Agency's mission. These would be internal medicine, medical administration and psychiatry. Internal medicine could be applied to any post within the Medical Office, perhaps with the exception of PD. Such knowledge repeatedly enters into policy decisions. The medical administration would as well be related to all the staff positions cited above. Psychiatry would be applied only to the special functions of the Psychiatric Division.

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f. Civilian Medical Training

The civilian training programs offer advantages that seem to outweigh the advantages of the Government installations. As a general rule, the civilian training is of better quality than the military and is more desirable. By permitting the individual medical officer to select his own place of training, morale would be enhanced. There would be no additional cost to the Agency since such long-term training does not provide the payment of per diem. The administra-



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g. Consensus of Opinion

The "two-year tour" physicians now or previously available have

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been queried regarding their feelings about career service with the Agency. The principal objections and suggestions were based upon the apparent lack of a specific program for career minded physicians. It was indicated that such a program should contain provision for rotation of service, specialized Agency and medical training, and a specific clarification of the military status of concerned physicians. An item of significance was the apparent lack of opportunity for advancement in position and in financial return by extended service with the Medical Office. The relatively low pay scale was frequently mentioned.

#### h. Justification of the Career Program

(1) A career program is a necessity if the Medical Office is a necessity. Since the Medical Office was provided for in the initial planning of the Agency, and since it has prospered, the necessity is obvious. The intricacies of Government and bureaucracy are such that time and experience are necessary for mastery of administration in Government. In order for the Medical Office to efficiently and competently fulfill its obligation to the Agency it must have a staff of well trained career minded individuals who are determined to promote the mission of the Medical Office. Consistent with the adopted policy of the Agency to develop a staff of career professionals by providing training and trial by experience, such a program would provide inducement for highly capable and qualified men to make careers of the Agency.

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(3) The execution of the proposed plan would eventually result in the Medical Office being completely staffed in its executive positions by specialty Board Qualified physicians. Such qualification would bring the highest degree of specialty competence into the Medical Office: Assuring the Agency of high caliber medical attention and administration. It is unlikely that the Medical Office will be able to provide this degree of specialty competence without the adoption of a Career Program that will include specialized training in medicine equivalent to, or better than that offered by the respective Armed Services or other Government Agencies.

(4) The complexity of the science of medicine at the present date is such that total comprehension of the field is a practical impossibility. In order to increase competence, specialty divisions of medicine were developed. In order to give the Agency the benefit of the highest possible degree of competence, yet meet the peculiar demands of an intelligence organization, a special type of program would seem to be indicated.

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(5) The operational offices have developed career programs that are designed to meet highly specialized function such as counter-espionage, psychological warfare, etc. Part of these programs is extended and specialized training to provide selected individuals with the best available background to perform their assigned mission. It would seem that specialized training should be extended to the Medical Office as well in order for it to develop the highest possible competence in the execution of its assigned mission.

#### 4. CONCLUSIONS

Based on the above discussion, the following career program is proposed for career management of physicians in the Medical Office:

a. After two years of service with the Medical Office of the Agency, physicians requesting extended service would be screened by C/MS and his designees for acceptance into the Career Program.

b. A training program should be established permitting career physicians to undertake residency training in the medical specialties; (preferably internal medicine, psychiatry or medical administration,)

(1) At a civilian or Government installation;

(2) For two-year periods,

(3) At full pay during their training,

(4) The choice of specialty limited only by Agency and Medical Office necessity and by personal aptitude as judged by the C/MS and/or his designees,

(5) Obligating such career physicians year for year for training received,

(6) Affording such career physicians an opportunity to obtain a second two-year period of training following fulfillment of initial obligated period of service under the same terms if service has been satisfactory,

(7) Limiting the residency training of each man to the required period of such training for specialty Board qualification or a maximum of four (4) years.

c. The staff positions of C/MS, DC/MS, ADS and C/PD shall be considered permanent positions and not subject to rotation. C/TSD, C/PCD, area chiefs and training slots will be considered rotating slots to be held for a two-year period.

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d. A program of rotation should be provided so that there is a self-perpetuating plan as follows:

(1) During the first six years of a physician's service with the Medical Office he should have two years at headquarters, two years of training and two years overseas (or a PCS tour), not necessarily in that order.

(2) During the succeeding six years of service the physician should spend at least two (2) years overseas and preferably alternate between overseas assignments and headquarters.

(3) Unless under dire need as judged by the C/MS, careerists would not spend more than two years in continuity in a given job.

(4) In order to provide flexibility, two of the physicians slots from PCD will be declared training slots and held for the purpose of outside training.

(5) This program would apply only to the rotational slots.

e. In addition to the residency type training program, there should be established for the "permanent" slot holders, for those who have completed residency requirements, and for careerists not desiring further residency type programs a training program to consist of shorter periods of training such as refresher courses of three months every two years for which no equivalent service is required.

#### 5. ACTION RECOMMENDED

Citing the precedent of the Armed Services and other Government agencies, this program or a similar one should be adopted by the Medical Office and approval requested from DD/A for implementation.

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